

CY 2021 Grant Application Instructions – CC & Probation

IntelliGrants Website <http://intelligrants.in.gov>

Note: Internet Explorer works best with the IntelliGrants system.

To move between forms in the application, use the “Save/Next” button at the top of the page.



When you save the form, it is automatically checked for errors. If errors are found, an Error Message will appear and list the items that need to be fixed before submitting your application. You may proceed to the next form without addressing the errors if you wish to return to it at a later time.



Begin on the “My Home” tab (#1 below) of IntelliGrants. Under the “View Available Proposals” section of the page, click the “View Opportunities” button (#2 below).

The screenshot shows the top navigation bar of the IntelliGrants website. On the left, there is a red circle around the "My Home" tab, labeled "# 1". To its right are other tabs: "My Applications/Grants", "My Program Reports", and "My Fiscal Reports". On the far right of the navigation bar, there are links for "My Training Materials", "My Organization(s)", "My Profile", and "Logout". A "SHOW HELP" button is located in the top right corner. Below the navigation bar, there is a "Welcome SubGrantee Administrator" message with a "Change My Picture" link. To the right of this message, there are "Instructions:" which include links for "Applying for an Opportunity", "Using System Messages", "Understanding your Tasks", and "Managing your awarded grant".

Hello Leslie, please choose an option below.

View Available Proposals

You have 169 opportunities available.
Select the View Opportunities button below to see what is available to your organization.

A red circle highlights the "VIEW OPPORTUNITIES" button, which is labeled "# 2".

Under “My Opportunities”, click the drop down button and select “Indiana Department of Correction” (#3 below). Once this has been selected, click the “Filter” button (#4 below).

[Back](#)

My Opportunities

To apply for an item listed below, select the **Apply Now** button below each description.

Provider:

Document Instance:

4 Due Date (From - To):

 -

3

Confirm that “CY 2021 IDOC: Community Corrections Grant Application” appears on the screen. Select “Apply Now” (#5 below).

RESET MY OPPORTUNITIES

Provider:

Document Instance:

Due Date (From - To): -

FILTER

CY 2021 Community Corrections Grant Application for IDOC Hacker Agency

Offered By: Indiana Department of Correction

Application Availability: 09/01/2018-open ended

Application Period: 10/01/2018-12/31/2018

Application Due Date: not set

Description:
The Indiana Department of Correction Justice Reinvestment Grant for Community Corrections and HEA1006 Entities is a one-time solicitation, offering support for a maximum period of 24 months beginning July 1, 2019 and ending June 30, 2021. Funding availability is subject to the 2019 Indiana State Legislature's passed HEA1006 Indiana Budget effective July 1, 2019. The purpose of this grant is to encourage counties to develop a coordinated local corrections-criminal justice system and providing effective alternatives to imprisonment at the state level. Grants are available for the establishment and operation of community corrections programs as defined by IC Code 11-12-1-and court supervised recidivism reduction programs; and to support a probation department, pretrial diversion program, or jail treatment program. Grants awarded must focus on funding evidence based programs, including programs that address cognitive behavior, that have a primary goal of reforming offenders in a collaborative manner.

5 For the grant guidelines and additional information, please visit: <https://secure.in.gov/idoc/3571.htm>.

APPLY NOW **NOT INTERESTED**

The document snapshot will appear. Please note, this section will be blank until you complete the “Application Initiation” Form.

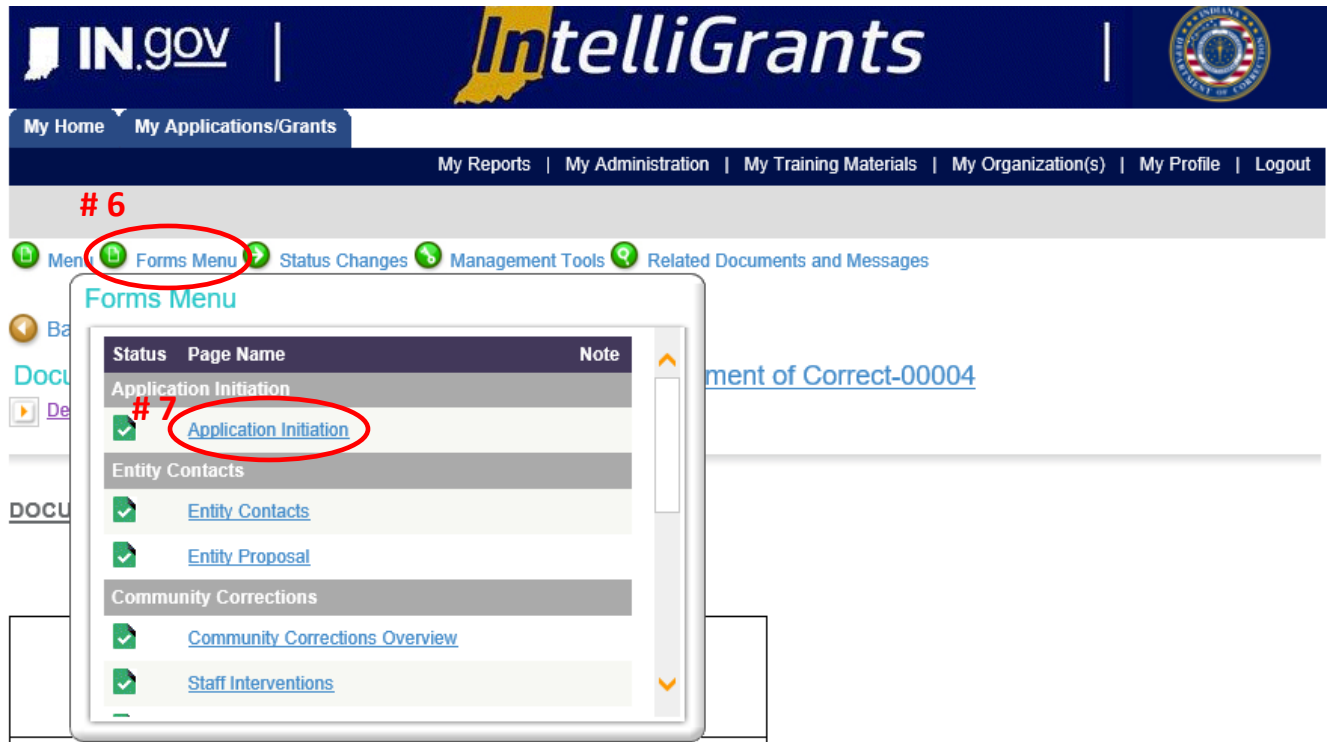
The screenshot shows the IntelliGrants web interface. At the top, there is a navigation bar with "IN.gov" and "IntelliGrants" logos. Below the navigation bar, there are several menu items: "Menu", "Forms Menu", "Status Changes", "Management Tools", and "Related Documents and Messages". A "Back" button is also visible. The main content area displays "Document Information: IDOC-CC-CY2021-Indiana Department of Correct-00005" with a "Details" link. Below this, a "DOCUMENT SNAPSHOT" section is shown, containing the following information:

CY2021 Community Corrections and HEA1006 GRANT

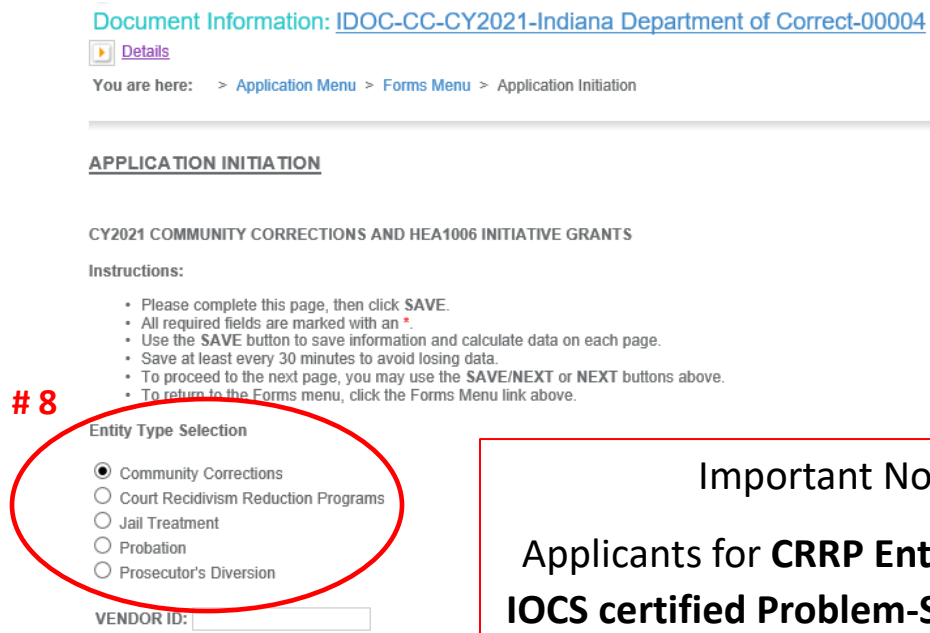
Department of Corrections 302 W Washington St Rm E334 Indianapolis, IN 46204	
Advisory Board	Name: Title:
President	Address: State: Zip: Phone: Fax: Email:

At the bottom of the page, there is a "Top of the Page" link and a footer that reads "Powered by IntelliGrants ©" and "© Copyright 2000-2020 Agate Software, Inc."

At the top of the screen, hover your mouse cursor over “Forms Menu” (#6 below). Then click “Application Initiation” (#7 below) on the resulting drop down menu.



Select the Entity Type for which you are applying (#8 below). Each entity requesting money will need its own application document.



Important Note:
Applicants for **CRRP Entities** must be **IOCS certified Problem-Solving Courts**

Enter your entity's "Vendor ID" in the provided box (#9 below). This number should be available from your county auditor.

Document Information: [IDOC-CC-CY2021-Indiana Department of Correct-00004](#)

 [Details](#)

You are here: > [Application Menu](#) > [Forms Menu](#) > Application Initiation

APPLICATION INITIATION

CY2021 COMMUNITY CORRECTIONS AND HEA1006 INITIATIVE GRANTS

Instructions:

- Please complete this page, then click **SAVE**.
- All required fields are marked with an *****.
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Entity Type Selection

- Community Corrections
- Court Recidivism Reduction Programs
- Jail Treatment
- Probation
- Prosecutor's Diversion

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VENDOR ID:

County Auditor contact information will be requested (#10 below). You will also fill out the Signatory Authority (#11 below) and Advisory Board President (#12 below) portions on this page. Your county should have a designated Signatory Authority. This is typically the county's elected auditor. If your County Council and Advisory Board approve a different Signatory Authority, an official Letter of Approval must be on file with IDOC. **Please note, all fields with an asterisk must be completed to avoid receiving an error message.**

10 VENDOR ID:

# 10	County Auditor	County or Regional Name: <input type="text" value="Benton County"/>		
		Name: <input type="text" value="John Doe"/>	Title: <input type="text" value="Auditor"/>	
		Street Address: <input type="text" value="123 Easy Street"/>		
		City: <input type="text" value="Indianapolis"/>	State: <input type="text" value="Indiana"/>	Zip: <input type="text" value="46204"/>
# 11	Signatory Authority	Name: <input type="text" value="Mark Smith"/>	Title: <input type="text" value="Commissioner"/>	
		Street Address: <input type="text" value="444 Sample Road"/>		
		City: <input type="text" value="Indianapolis"/>	State: <input type="text" value="Indiana"/>	Zip: <input type="text" value="46204"/>
		Phone: <input type="text" value="(111) 111-1111"/>	Fax: <input type="text"/>	Email: <input type="text" value="sample@address.com"/>
# 12	Advisory Board President	Name: <input type="text" value="Mitchell West"/>	Title: <input type="text" value="Community Corrections Director"/>	
		Street Address: <input type="text" value="789 Alligator Road"/>		
		City: <input type="text" value="Indianapolis"/>	State: <input type="text" value="Indiana"/>	Zip: <input type="text" value="46204"/>
		Phone: <input type="text" value="(777) 777-7777"/>	Fax: <input type="text"/>	Email: <input type="text" value="Mwest@address.com"/>

At the bottom of the “Application Initiation” page, you will upload the required documents (#13 below):

1. Advisory Board Member List
2. Letter of Support from County Commissioners
3. Advisory Board Letter of Prioritization and Approval
4. County Collaboration Plan.

Word documents or PDF’s are acceptable formats for uploading. After clicking “Save” at the top of the page (#14 below), additional documentation may be uploaded. All entities applying for IDOC grant funding are required to submit this document. It is acceptable for each entity to upload the same Advisory Board Approval and Prioritization letter and Letter of Support from County Commissioners if all entities requesting grant funding are included from your county.

14 SAVE | SAVE/NEXT | NEXT | PRINT VERSION | CHECK GLOBAL ERRORS

	Street Address: <input type="text"/>		
	City: <input type="text" value="Indianapolis"/>	State: <input type="text" value="Indiana"/>	Zip: <input type="text" value="46204"/>
	Phone: <input type="text" value="(222) 222-2222"/>	Fax: <input type="text"/>	Email: <input type="text" value="commissioner@address.com"/>
Advisory Board President	Name: <input type="text" value="Mitchell West"/>		Title: <input type="text" value="Community Corrections Director"/>
	Street Address: <input type="text" value="789 Alligator Road"/>		
	City: <input type="text" value="Indianapolis"/>	State: <input type="text" value="Indiana"/>	Zip: <input type="text" value="46204"/>
	Phone: <input type="text" value="(777) 777-7777"/>	Fax: <input type="text"/>	Email: <input type="text" value="Mwest@address.com"/>

ADVISORY BOARD

Click the Browse button to upload the following completed documents onto this page.

Advisory Board Member List

DELETE **# 13**
[12564_1105813-AdvisoryBoardMtgMinutesApril82018.docx](#)

Letter(s) of Support from Commissioners and Entity Grantee

DELETE
[12564_1105814-CommishLetters.pdf](#)

Advisory Board Prioritization and Approval

DELETE
[12564_1105815-2019GrantApprovalAdvisoryBoard.pdf](#)

Collaboration Plan

DELETE
[12564_1105816-CCCCSOPs\(2\).doc](#)

The next form is “Entity Contacts”. Select your Entity Type and County Name (#15 below). Then select your County Name again or, if applicable, select your Regional Name (#16 below). Complete all fields on the “Entity Contacts” form. Please note, all fields with an asterisk must be completed to avoid receiving an error message.

ENTITY CONTACTS

Instructions:

- Please complete this page, then click **SAVE**.
- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

15 Entity Type: Community Corrections

County Name: *

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County or Regional Name: *

Primary Entity Contact	Name of Entity Agency or Court Program: <input type="text" value="Acme Agency"/> *		
	Name: <input type="text" value="Tim Jones"/> *		Title: <input type="text" value="Master of Ceremonies"/> *
	Phone: <input type="text" value="(555) 555-5555"/> *	Fax: <input type="text"/>	Email: <input type="text" value="test@test.com"/> *
	Street Address: <input type="text" value="555 Test Way"/> *		
City: <input type="text" value="Indianapolis"/> *		State: <input type="text" value="Indiana"/> *	Zip: <input type="text" value="46204"/> *
Program Location	<input type="checkbox"/> Same as above		
	County: <input type="text" value="Clark County"/>		
	Street Address: <input type="text" value="555 Test Way"/>		
City: <input type="text" value="Nowhere"/>		State: <input type="text" value="Maine"/>	Zip: <input type="text" value="69482"/>
Secondary Entity Contact	Name: <input type="text" value="Jimmy Jenkins"/> *		Title: <input type="text" value="Manager"/> *
	Phone: <input type="text" value="(555) 555-5555"/> *	Fax: <input type="text"/>	Email: <input type="text" value="asdfasdf@asdfasd.com"/> *
	<input type="checkbox"/> Same as above		
	Street Address: <input type="text" value="555 Start Ln"/>		
City: <input type="text" value="Test"/>		State: <input type="text" value="Louisiana"/>	Zip: <input type="text" value="44343"/>

Next is the “Entity Proposal” form. Please read the instructions in the green box. The problem statement should include relevant statistics to support the request’s reasoning and the make-up of the target population. Please note text is limited in the answer boxes. For more information about writing a Problem Statement and identifying a Target Population, refer to the 2021 Grant Announcement. Grant Writing Tips are also available on the IDOC Community Corrections website.

ENTITY PROPOSAL

Name of Entity Agency or Court Program:

Instructions:

- Please complete this page, then click **SAVE**.
- All required fields are marked with an *
- Use the **SAVE** button to save information.
- Save at least every 30 minutes to avoid losing information.
- To proceed to the next page, you must click **Next**.
- To return to the Forms menu, click **Home**.
- Please include current practices.

The problem statement matrix / TABLE 1

<p>Problem Statement: Describe the current problem identified. The problem statement should include adequate statistics documenting the problem.</p> <p>1. Describe the problem that will be addressed.</p> <p>0 of 3000</p>	<p>What is the problem?</p> <p>Average number of complaints increased 10%.</p>	<p>Target population must be clearly identified. The statement should also include...</p>
	<p>Who is experiencing the problem?</p> <p>All submitting departments.</p>	
	<p>Where is the problem occurring?</p> <p>Work order processing department.</p>	
	<p>When does the problem occur?</p> <p>Each month during the last three months.</p>	
	<p>Why does the problem occur (recent changes in the process?—5 Ms)</p> <p>Introduced a new Excel 2013 tool for processing work orders.</p>	
<p>2. Please indicate the target population.</p> <p>0 of 3000</p>	<p>5 Ms = man (personnel), machine, material, methods and Mother Nature (internal and external environmental factors)</p>	

Quality Progress (2015). The Statement Problem – Address problems by first answering the five Ws by Max Kush. <http://asq.org/quality-progress/2015/06/one-good-idea/the-statement-problem.html>

The overview description of your proposal should include both previously funded programming and proposed programming for the entire agency, projected number of clients to be served, and case load descriptions. Also include descriptions of the uses of the 8 Principles of Effective Intervention and Evidence Based Practices. Please, refer to the 2021 Grant Announcement document for further information on Evidence Based Practices, best practices, and grant writing tips, refer to the 2021 Grant Announcements.

Proposed Solution: An overview description of the proposal. The description should include the evidence-based practices and policies of the program and how the entity will comply with the eligibility requirements for the grant. The grantee should also briefly describe how this grant will improve the situation described in the problem statement and explain how this improvement will be measured.

3. Please provide an overview description of your proposal: *

Please be specific.

4. How will th
Please be spe

5. How will th
Please be spe

Proposal Should Include (but not limited to):

- Brief outline of previously funded programs**
- Explanation of new requests - if applicable**
- Projected number of clients to be served**
- Case load description/ Staff to Client Ratio**
- Description of use of 8 Principles of Effective Intervention/ Evidence Based Practices**

Next is the “Entity Overview” form which includes the entity’s mission and vision statements and information regarding current policies and procedures.

1. Agency Mission and Vision:
 Your agency's Mission & Vision.

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2. Does your agency have a policy on eligibility requirements for participants to be referred to your agency and/or program(s)?
 Yes No

Assessments:

3. Which validated assessment tool(s) does the program use? Only indicate the assessment(s) administered by agency staff. Do not indicate which assessments are used by referral agencies.

IRAS Pre-Trial Assessment Tool (PAT) Adult High School Equivalency
 IRAS Community Supervision Screening Tool (CSST) Texas Christian University (TCU) Assessments List
 IRAS Community Supervision Tool (CST)
 IRAS Supplemental Re-entry Tool (SRT)
 Addiction Severity Index (ASI)
 Brief Symptom Inventory (BSI)
 Substance Abuse Subtle Screening Inventory (SASSI)
 Ontario Domestic Assault Risk Assessment (ODARA)

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Also, you are asked to describe the programming provided to participants. Programs can be done in-house or by an outside provider. You are asked to indicate which criminogenic needs the program targets, identify the target population, and enter the monetary cost to the participant in addition to other information.

Program Name:

In House Provider

Criminogenic needs addressed:

Antisocial attitudes, values, beliefs Education
 Peers Leisure
 Substance Abuse Personality/Temperament
 Family/Social Support Other (explain)
 Employment

Description: 3 of 500

How is this program evaluated by your agency? 4 of 500

Objective and Target Population: 4 of 500

Estimated number of participants to be served in a month:

Dosage hours available to be earned for each participant:

Cost to participant:

Check here to add an additional program.

The “Staff Interventions” form asks you to provide information about behavior modification techniques which includes descriptions of incentives and sanctions utilized by entity staff. All fields should be completed as they relate to the entity as a whole.

STAFF INTERVENTIONS

1. Which of the following techniques/interventions are staff formally trained to use in day to day interactions with participants? *
Check all that apply

- ABC Model
- Cost Benefit Analysis
- Problem Solving Worksheet
- Other
- Skill Building
- Skill Cards
- Thinking Report
- Motivational Interviewing
- Carey Guides and Bits
- None

2. Please indicate which of the following Behavior Modification Techniques are used to reinforce positive behavior: *
Check all that apply

- Verbal Praise
- Decrease in Reporting Frequency
- Early Termination from Supervision
- GED class time counts as Community Service once participant achieves GED
- Supervision Fee Reduction
- "Good Job" Tokens
- Extended Curfew
- Travel Pass Approval
- Reduction in Supervision Level
- None
- Participant's Name Placed on Award/Plaque
- Issue a Certificate
- Coupon Redeemable for Rewards
- "Positive Feedback" Report to Judge/P.O.
- Removal/Reduction of a Sanction
- Removal from Behavior Contract
- Graduation Ceremony for Program Completion
- Announced/Recognized as Participant of the Week/Month
- "Thank You" Note
- Other

3. Please indicate which of the following Behavior Modification Techniques are used to address violation behavior: *
Check all that apply

- Disciplinary Hearing Board
- Increase in Supervision Level
- Summons Before a Supervisor/Administrator
- Structured Supervision Activities
- Summons Before a Unit Supervisor
- Substance Abuse Testing
- Residential Curfew
- Formal Written Reprimand
- Increase in Reporting Frequency
- None
- Placement in Substance Abuse Program
- Placement in Halfway House
- Placement in Work Release
- Electronic Monitoring
- Community Service
- Summons Before a Judge
- Increase Length of Supervision
- Revocation
- Jail Incarceration
- Administrative Hearing
- Other

4. Are there any limitations or training needs for your agency? If so, please explain:

0 of 1500

5. Please upload Sanctions and Incentives Policy

On the “Additional Services”, you will describe entity functions that are funded by sources other than the IDOC Community Corrections grant. All fields should be completed as they relate to the entity as a whole. This includes programs provided both in-house and by outside referral agencies that are funded by sources such as other grants or the County General fund. You will also describe how the entity collaborates with stakeholders in the community.

ADDITIONAL SERVICES

1. Describe any additional programs/services/treatments/referrals available that are not supported by grant funding: *

dwsfadfasd

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2. Describe the needs of the agency that are not being met and an estimated cost to implement them: *

asdfsdfa

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3. Describe how the agency responds to responsivity factors of the participants served: *

dasdfdsafsd

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4. Describe how the agency collaborates with parole: *

Be specific

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5. Describe how the agency positively impacts the community:*

Be specific

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6. Describe how the agency protects victims: *

Be specific

11 of 850

7. Describe how the agency provides services to veterans: *

Be specific

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Next you will select which of the listed levels of supervision are used by your entity.

If a Probation or Community Corrections entity serves pretrial clients and currently has or is pursuing an Indiana Office of Court Services Pretrial Certification, Pretrial Services for Probation or the Standalone Pretrial Services for Community Corrections should be selected.

Please note: All Court Recidivism Reduction Programs should have their own application document submitted separately. This is true even if the program has been previously funded under Probation or Community Corrections.

PROBATION LEVELS OF SUPERVISION SELECTION

PRIMARY LEVELS OF SUPERVISION

- Pretrial Services
- Probation

Note: *All Court Programs must apply under the Court Recidivism Reduction Program section.*

CC LEVEL OF SUPERVISION SELECTION

- Standalone Pretrial Services
- Work Release
- Post-Conviction Day Reporting
- Post-Conviction Electronic Monitoring

Note: *All Court Programs must apply under the Court Recidivism Reduction Program section.*

Additional Levels of Supervision and Participant Monitoring:

- Pretrial Supervision **Monitoring and supervision of pretrial participants within a primary post-conviction level of supervision*
- Juvenile Supervision **Monitoring and supervision of juvenile participants within a primary post-conviction level of supervision*
- Non Case Management Monitoring **Check in or call in supervision without case management*
- Community Service/Community Work Crew
- Misdemeanant Specific Programs

IDOC is seeking more detailed information about how grant funding is utilized for Pretrial Services and Work Release programs. For this reason, these levels of supervision will include a separate budget section in addition to the informational Level of Supervision form.

If you are unsure which Level of Supervision forms to complete, please contact your assigned Program Director.

If a Probation entity selects Pretrial Services from the Level of Supervision form, the corresponding budget pages must be completed in addition to the Pretrial Services Level of Supervision form. Please note, to be eligible for pretrial funding, the entity must have or be pursuing an Indiana Office of Court Services Pretrial Certification.

Community Corrections entities that have or are pursuing an Indiana Office of Court Services Pretrial Certification should select and complete the Standalone Pretrial Services form and accompanying budget forms. The Pretrial Supervision should be utilized by all other Community Corrections entities who serve any pretrial clients.

PRETRIAL SERVICES STANDALONE PRETRIAL SUPERVISION

	TOTAL BUDGET		TOTAL GRANT	
1. Approximately what percentage of the budget supports Pretrial Supervision?	5 %	\$7,975.80	5 %	\$5,535.80
2. Approximately how many participants are estimated to be served during the new grant cycle?	8			
3. What types of bonds are available? *				
Check all that apply				
<input type="checkbox"/> Released on Own Recognizance				
<input type="checkbox"/> Appearance				
<input type="checkbox"/> Surety Bond				
<input checked="" type="checkbox"/> Cash/Property Bond				
4. What is the average time between arrest and setting of bond or through time of release?				
5				
5. State the Mission and Vision of Pretrial Services:				
adfasd				
6 of 500				
6. Is there an established agreement to monitor a participant in Pretrial Services?				
<input type="radio"/> Yes <input checked="" type="radio"/> No				

See the “Pretrial Form Decision-making Flow Chart” to determine if this form is required for your entity.

Community Corrections Level of Supervision Options Only

The Work Release form and accompanying budget forms should be completed by any Community Corrections entities that have a Work Release level of supervision.

WORK RELEASE

	TOTAL BUDGET		TOTAL GRANT	
1. Approximately what percentage of the budget supports this level of supervision?	8 %	\$12,761.28	8 %	\$8,856.96
2. Approximately how many participants are estimated to be served during the new grant cycle?	5			
3. Bed Capacity:				
Male:	5			
Female:	5			
4. Correctional staff to participant ratio (Staff:Participant):	5:21			
5. Case management staff to participant ratio (Staff:Participant):	8:11			
6. Is there a policy on eligibility, supervision standards, and program/treatment referrals for this level of supervision?	<input type="radio"/> Yes <input checked="" type="radio"/> No			
If No, Explain:	adsfa			
5 of 500				

Community Corrections entities should complete all applicable Level of Supervision forms:

- Day Reporting
- Electronic Monitoring
- Pretrial Supervision
- Other Supervision

These forms do not have accompanying budget forms. Expenses and personnel associated with these Levels of Supervision should be entered into the main budget forms.

If a Community Corrections entity supervises pretrial clients and does not have or is not pursuing an Indiana Office of Court Services Pretrial Certification, the entity should complete the Pretrial Supervision form.

If you are unsure which Level of Supervision forms to complete, please contact your assigned Program Director.

Budget Types:

1. Standalone/Pretrial Services
2. Work Release
3. Budget (General)
4. Final Budget

Budget Types 1-3 have the following forms:

- Current Personnel
- New Position Request
- Personnel Summary
- General Operating Expenses
- Administrative Supervision Expenses
- Entity Budget Summary

Any budget forms filled out for Work Release or Pretrial Services will be added to the information entered into the main budget section. The main budget forms should be utilized to enter personnel and expense information for all other levels of supervision chosen on the Level of Supervision Selection form. You will see the full entity and personnel budget summaries in the “Final Budget” section of the application. IntelliGrants will automatically calculate the Final Budget by adding information from all budget forms completed in the application.

Pretrial Services Budget	
<input checked="" type="checkbox"/> Current Personnel	
<input checked="" type="checkbox"/> New Position Request	
<input checked="" type="checkbox"/> Personnel Summary	
<input checked="" type="checkbox"/> General Operating Expenses	
<input checked="" type="checkbox"/> Administrative Supervision Expenses	
<input type="checkbox"/> Entity Budget Summary (2)	
Work Release Budget	
<input checked="" type="checkbox"/> Current Personnel	
<input type="checkbox"/> New Position Request	
<input checked="" type="checkbox"/> Personnel Summary	
<input checked="" type="checkbox"/> General Operating Expenses	
<input checked="" type="checkbox"/> Administrative Supervision Expenses	
<input type="checkbox"/> Entity Budget Summary (2)	
Budget	
<input checked="" type="checkbox"/> Current Personnel	
<input checked="" type="checkbox"/> New Position Request	
<input checked="" type="checkbox"/> Personnel Summary	
<input checked="" type="checkbox"/> General Operating Expenses	
<input checked="" type="checkbox"/> Administrative Supervision Expenses	
<input checked="" type="checkbox"/> Entity Budget Summary	
Final Budget	
<input checked="" type="checkbox"/> Personnel Summary	
<input checked="" type="checkbox"/> Entity Budget Summary	

As you make your way through the budget section, **please round all requested amounts to the nearest dollar**. Please note: these forms are the same for all budgets in the application.

The “Current Personnel” form is next. This form should only include personnel information for CY 2020. Please note: contractual employee information should be entered into the Administrative Supervision 300 series section of the budget. If there are multiple staff working in the same position and making the same salary, you may document this in the “Number of Positions” column (#17 below) rather than entering the same information multiple times. The top section is for Full Time employee information (#18 below). The middle section is for Part Time employee information (#19 below). The bottom section is for fringe information for all staff combined (#20 below). **Overtime is included as a line item in the box with fringe information** (circled below).

FUNDING ALLOCATION OF FULL TIME POSITIONS FOR CURRENT OPERATIONS

18

Position Title	Number of Positions	Annual Salary Per Position	Funding Source Allocation Per Position				Total Funding Source Allocation			
			Grant	Project Income/User Fees	County General	Other	Grant	Project Income/User Fees	County General	Other
Program Coordinator	3	\$40,000.00	\$35,000.00	\$0	\$0	\$5,000.00	\$105,000.00	\$0	\$0	\$15,000.00
Caseworker	15	\$32,000.00	\$30,000.00	\$2,000.00	\$0	\$0	\$450,000.00	\$30,000.00	\$0	\$0
Trainer/Facilitator	1	\$34,000.00	\$30,000.00	\$0	\$4,000.00	\$0	\$30,000.00	\$0	\$4,000.00	\$0
QA Manager	1	\$38,000.00	\$30,000.00	\$8,000.00	\$0	\$0	\$30,000.00	\$8,000.00	\$0	\$0
Field Officer	2	\$28,000.00	\$28,000.00	\$0	\$0	\$0	\$56,000.00	\$0	\$0	\$0
Total:	22	\$728,000.00	\$153,000.00	\$10,000.00	\$4,000.00	\$5,000.00	\$671,000.00	\$38,000.00	\$4,000.00	\$15,000.00

FUNDING ALLOCATION OF PART TIME POSITIONS FOR CURRENT OPERATIONS

19

Position Title	Number of Positions	Annual Salary Per Position	Funding Source Allocation Per Position				Total Funding Source Allocation			
			Grant	Project Income/User Fees	County General	Other	Grant	Project Income/User Fees	County General	Other
Field Officer	2	\$15,000.00	\$15,000.00	\$0	\$0	\$0	\$30,000.00	\$0	\$0	\$0
Admin Asst	2	\$23,000.00	\$0	\$0	\$8,000.00	\$15,000.00	\$0	\$0	\$16,000.00	\$30,000.00
		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total:	4	\$76,000.00	\$15,000.00	\$0	\$8,000.00	\$15,000.00	\$30,000.00	\$0	\$16,000.00	\$30,000.00

TOTAL CURRENT PERSONNEL FUNDING ALLOCATION

20

	% Grant	Grant	Project Income/User Fees	County General	Other	Total	Recommended Grant Funding
Salaries	87.19%	\$701,000.00	\$38,000.00	\$20,000.00	\$45,000.00	\$804,000.00	\$0
Overtime	71.43%	\$5,000.00	\$1,500.00	\$500.00	\$0	\$7,000.00	\$0
Unemployment	0.00%	\$0	\$25,000.00	\$500.00	\$300.00	\$25,800.00	\$0
Social Security	100.00%	\$27,000.00	\$0	\$0	\$0	\$27,000.00	\$0
Health Insurance	100.00%	\$18,800.00	\$0	\$0	\$0	\$18,800.00	\$0
PERF	100.00%	\$5,000.00	\$0	\$0	\$0	\$5,000.00	\$0
Workers' Compensation	0.00%	\$0	\$0	\$0	\$15,000.00	\$15,000.00	\$0
Other	0.00%	\$0	\$40,000.00	\$10,000.00	\$5,000.00	\$55,000.00	\$0

Next is the “New Position Request” Form. If you are not applying for new positions, please check the box “This form is not applicable” (#21 below) and click the “Save/Next” button at the top of the page to proceed to the next form.

To request a new position, complete all applicable fields including uploading a job description (#22 below). The job description must be specific to the new position being requested. In order to be considered for funding, a justification is required (#23 below).

If a position is shared by multiple entities, request the position under only one entity and outline the sharing plan in the justification section.

NEW POSITION REQUEST

Name of Entity Agency or Court Program:

Instructions:

- Please complete this page, then click SAVE.
- All required fields are marked with an *.
- Use the SAVE button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- To return to the Forms Menu, click the Forms Menu link above.
- Please click the ADD button at the top of the page to create additional pages, if necessary.
- After you have SAVED the second page, a drop down box will appear at the top of your screen, on the right side with a list of the pages you have entered, ordering them numerically as the page name.
- Choose the correct page from the drop down list, then click the GO button to the right to access the selected page.
- If you need to delete this page, click the DELETE button at the top of the page. You do NOT need to save after deleting.
- If you are not requesting a new position, please leave the fields blank and select the "This form is not applicable" checkbox, then click SAVE.

21

This form is not applicable.

Position Title	Employment Status	Salary	Funding Source Allocation Per Position			
			Grant	Project Income/User Fees	County General	Other
		\$0	\$0	\$0	\$0	\$0

22

Upload Job Description: Browse...

	Total Cost	Grant	Project Income/User Fees	County General	Other
Workers' Compensation	\$0	\$0	\$0	\$0	\$0
Unemployment	\$0	\$0	\$0	\$0	\$0
Social Security	\$0	\$0	\$0	\$0	\$0
Health Insurance	\$0	\$0	\$0	\$0	\$0
PERF	\$0	\$0	\$0	\$0	\$0
Overtime	\$0	\$0	\$0	\$0	\$0
Other Benefits If Other, please describe:					

Fringe Total: \$0 *These values are automatically rounding to the nearest dollar.*

Total Salary (this page only): \$0

Total: \$0

Justification:

23

0 of 500

If you are applying for more than one new position, save the page then click the "Add" button (#24 below) at the top of the page for an additional "New Position Request" form. All new

positions require their own “New Position Request” form even if they have the same job description and salary/fringe information.

State of Indiana IntelliGrants

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SAVE SAVE/NEXT NEXT **ADD** DELETE PRINT VERSION CHECK GLOBAL ERRORS

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[Details](#)

NEW POSITION REQUEST

Name of Entity Agency or Court Program: Benton County Community Corrections

Instructions:

- Please complete this page, then click SAVE.
- All required fields are marked with an *.
- Use the SAVE button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- To return to the Forms Menu, click the Forms Menu link above.
- Please click the ADD button at the top of the page to create additional pages, if necessary.**
- After you have SAVED the second page, a drop down box will appear at the top of your screen, on the right side with a list of the pages you have entered, ordering them numerically as the page name.
- Choose the correct page from the drop down list, then click the GO button to the right to access the selected page.
- If you need to delete this page, click the DELETE button at the top of the page. You do NOT need to save after deleting.
- If you are not requesting a new position, please leave the fields blank and select the "This form is not applicable" checkbox, then click SAVE.

This form is not applicable.

Position Title	Employment Status	Salary	Funding Source Allocation Per Position			
			Grant	Project Income/User Fees	County General	Other
Field Officer	Full Time	\$23,000.00	\$15,000.00	\$0	\$0	\$8,000.00

The “Personnel Summary” shows all of the information you have entered in the “Current Personnel” and “New Position Request” forms. Please review this page for accuracy and click “Save/Next”.

PERSONNEL SUMMARY

Name of Entity Agency or Court Program: Benton County Community Corrections

Instructions:

- You must click the **SAVE** button to save information to calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Current Personnel Total

	% Grant	Total Cost	Grant	Project Income/User Fees	County General	Other
Salaries	87.19%	\$804,000.00	\$701,000.00	\$38,000.00	\$20,000.00	\$45,000.00
Workers' Compensation	0.00%	\$15,000.00	\$0	\$0	\$0	\$15,000.00
Unemployment	0.00%	\$25,800.00	\$0	\$25,800.00	\$500.00	\$300.00
Social Security	100.00%	\$27,000.00	\$27,000.00	\$0	\$0	\$0
Health Insurance	100.00%	\$18,800.00	\$18,800.00	\$0	\$0	\$0
Fringe	100.00%	\$5,000.00	\$5,000.00	\$0	\$0	\$0
Overtime	71.43%	\$7,000.00	\$5,000.00	\$1,500.00	\$500.00	\$0
Other Benefits	0.00%	\$55,000.00	\$0	\$40,000.00	\$10,000.00	\$5,000.00

Number of New Full Time: 1

Number of New Part Time: 0

New Positions Total

	Total Cost	Grant	Project Income/User Fees	County General	Other
Salaries	\$23,000.00	\$15,000.00	\$0	\$0	\$8,000.00
Workers' Compensation	\$3,000.00	\$2,000.00	\$0	\$1,000.00	\$0
Unemployment	\$2,000.00	\$1,200.00	\$800.00	\$0	\$0
Social Security	\$8,800.00	\$8,800.00	\$500.00	\$0	\$100.00
Health Insurance	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0
Overtime	\$1,100.00	\$1,000.00	\$0	\$100.00	\$0
Other Benefits	\$200.00	\$200.00	\$0	\$0	\$0

Personnel Total

	Total Cost	Grant	Project Income/User Fees	County General	Other
Salaries	\$827,000.00	\$716,000.00	\$38,000.00	\$20,000.00	\$53,000.00
Workers' Compensation	\$18,000.00	\$2,000.00	\$0	\$1,000.00	\$15,000.00
Unemployment	\$27,800.00	\$1,200.00	\$25,800.00	\$500.00	\$300.00
Social Security	\$33,800.00	\$33,800.00	\$500.00	\$0	\$100.00
Health Insurance	\$18,800.00	\$18,800.00	\$0	\$0	\$0
Fringe	\$5,000.00	\$5,000.00	\$0	\$0	\$0
Overtime	\$8,100.00	\$6,000.00	\$1,500.00	\$600.00	\$0
Other Benefits	\$55,200.00	\$200.00	\$40,000.00	\$10,000.00	\$5,000.00

The remainder of the budget is split into two parts: General Operating Expenses and Administrative Supervision Expenses. General Operating expenses encompass overhead and operational costs – ask yourself “what keeps the doors open?” Administrative Supervision expenses are associated with providing services – ask yourself “will this benefit my clients?”

Series 200 is supplies. These are items that need to be replenished on a regular basis such as paper, drug testing supplies, and cleaning supplies. Tactical gear is considered equipment and should be budgeted in the 400 series.

Series 300 is services. This includes all staff training and travel, conference fees, and memberships in addition to contractual services.

Series 400 is capital or equipment. General Operating equipment includes computers, copiers, and office furniture. Administrative supervision equipment includes electronic monitoring equipment that is purchased by the entity without contractual services. Please note, grant funds may not be used for 400 series expenses.

Expense Categories	General Operating	Administrative Supervision
Series 200 – Supplies	<ul style="list-style-type: none"> • General Administrative Supplies • Cleaning, Maintenance, and Repair Supplies • Motor Vehicle • Maintenance Supplies • Miscellaneous Operating Supplies 	<ul style="list-style-type: none"> • Supervision Supplies • Drug Testing Supplies • Educational and Facilitator Supplies
Series 300 – Services	<ul style="list-style-type: none"> • Professional Services • Communication • Printing and Advertising • Insurance • Utilities) • Maintenance and Repair Agreements • Rentals (payment for use) 	<ul style="list-style-type: none"> • Staff Training and Development • Contractual Supervision • Professional Services • Participant Contractual Services and Providers
Series 400 - Capital	<ul style="list-style-type: none"> • Office Equipment • Electronic Equipment • Vehicles 	<ul style="list-style-type: none"> • Supervision Equipment (not contractual)

Please enter your requested grant amounts, project income budget, county general budget, and other funding source budget for each applicable line item (#25 below).

Specific justification are required for contractual services requests, program supply requests, and any time you enter an item into the "Other" line (#26 below).

CONTRACT Descriptions must include:

Contractor/ Company Name

Services to be Provided

Levels of Supervision to be served

If other entities will be served

GENERAL OPERATING EXPENSES

Name of Entity Agency or Court Program: **Benton County Community Corrections**

Instructions:

- Please complete this page, then click **SAVE**. All applicants should budget for the upcoming fiscal year.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms Menu, click the Forms Menu link above.
- If you have no General Operating Expenses, please leave the fields blank and click **SAVE**.

General Operating & Overhead Budget

25

Series 200	General Operating Supplies				Total	Recommended Grant Funding
	Grant	Project Income/User Fees	County General	Other		
Office Supplies	\$1,644.00	\$114,220.00	\$108,000.00	\$0	\$223,864.00	\$0
Copier Supplies	\$500.00	\$200.00	\$8,000.00	\$0	\$8,700.00	\$0
Wearing Apparel	\$0	\$8,000.00	\$1,000.00	\$0	\$9,000.00	\$0
Other:						
Total:	\$2,144.00	\$122,420.00	\$117,000.00	\$0	\$241,564.00	\$0

26

Justification:

Be specific.

The "Entity Budget Summary" outlines all information entered into all forms in the budget section of the application. Please review this page for accuracy and click "Save/Next".

ENTITY BUDGET SUMMARY

Name of Entity Agency or Court Program:

Instructions:

- You must click the **SAVE** button to save information to calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Total Budget by Category

Series Category	Grant	Project Income/User Fees	County General	Other	Total	2020 Grant Funding	Notes
Personnel	\$125,000.00	\$45,000.00	\$27,010.00	\$84,980.00	\$282,000.00	\$0	
Fringe	\$21,300.00	\$26,300.00	\$16,800.00	\$7,600.00	\$72,000.00	\$0	
Total 100 Series	\$146,300.00	\$71,300.00	\$43,810.00	\$92,580.00	\$354,000.00	\$0	
General Operating 200	\$2,600.00	\$900.00	\$800.00	\$2,000.00	\$6,300.00	\$0	
General Operating 300	\$1,000.00	\$500.00	\$500.00	\$400.00	\$2,400.00	\$0	
General Operating 400	\$300.00	\$400.00	\$400.00	\$300.00	\$1,400.00	\$0	
General Operating Total	\$3,900.00	\$1,800.00	\$1,700.00	\$2,700.00	\$10,100.00	\$0	
Administrative Supervision 200	\$0	\$0	\$0	\$0	\$0	\$0	
Administrative Supervision 300	\$0	\$0	\$0	\$0	\$0	\$0	
Administrative Supervision 400	\$0	\$0	\$0	\$0	\$0	\$0	
Administrative Supervision Total	\$0	\$0	\$0	\$0	\$0	\$0	
Total	\$150,200.00	\$73,100.00	\$45,510.00	\$95,290.00	\$364,100.00	\$0	

Total Budget by Fund Source

Fund Source	Amount	Percent
Grant	\$150,200.00	41.25%
Project Income/User Fees	\$73,100.00	20.08%
County General	\$45,510.00	12.50%
Other	\$95,290.00	26.17%
Total:	\$364,100.00	100.00%

